PART B - FEE(S) TRANSMITTAL							,	
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	2.020	VIN AND HOLME						
	SUITE 200	SERVIN INVENTED DEL			I hereby certify the	Certificate of Mailing or Transmission  I hereby certify that this Feeten I ransmittal is being deposited with the Unite States Postal Service with cufficient postage for first class mail in an envelop addressed to the Mail stop ISSUE FIZE address above, or being facsimil transmitted to the USFTO (703) 746-4900, on the date indicated below.		
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04/	EL SEGUNDO, CA 90245 04/12/2005 DEMMANU2 00000083 10659947				Craig &	Slavia	(Depositor's name)	
	FC:1501	1504				Ki	(Signature)	
	C:1504 1400.00 OP C:1504 300.00 OP				April 6	2005	(Date)	
	APPLICATION NO.	FILING DATE	FILING DATE FIR		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/659,947 09/10/2003 Thomas R. Jenkins 15916-267X					5083		
TITLE OF INVENTION: LOOP STRUCTURES FOR SUPPORTING DIAGNOSTIC AND THERAPEUTIC ELEMENTS IN CONTACT WITH BOD EXPANDABLE PUSH DEVICES FOR USE WITH SAME							VITH BODY TISSUE AND	
	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400		\$300	\$1700	05/10/2005	
	EXAMINER		ART UNIT		CLASS-SUBCLASS	$\neg$		
	GIBSON, ROY DEAN		3739		606-041000			
	1. Change of correspondence address or indication of "Fee Addre				ting on the patent front pag	re. list		
	CFR 1.363).  Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys 1 Henricks, Slavin				
	Address form PTO/SB/12	122) attached.		(2) the name of a single firm (having as a member a				
	PTO/SB/47; Rev 03-02 (	ion (or "Fee Address" Indica or more recent) attached. Use	tion form e of a Customer	attorney or agent) and the I patent attorneys or agents	y or agent) and the names of up to it attorneys or agents. If no name is 3			
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below							document has been filed for	
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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	Please check the appropriate	priate assignee category or categories (will not be printed			ntent): 🗖 Individual 💆	Corporation or other private gr	roup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
Issue Fee ☐ A check in the amount of the fee(s) is enclosed.  ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.								
		Copies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
				Deposit Acco	unt Number	(enclose an extra c	copy of this form).	
	Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).						FR 1.27(g)(2).	
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							he assignee or other party in	
_	Authorized Signature	//	/		Date	April 6, 2005		
	Typed or printed name <u>Craig A. Slavin</u>				Registrat	ion No. <u>35, 362</u>		
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an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain of retain a benefit by the public which is to the land by the USPTO to an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete on including gathering, prepar submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commer Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Bo							ng gathering, preparing, and me you require to complete	
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